



Charles Berman, Receiver of Taxes
Town of North Hempstead
PO Box 3001, Manhasset, NY 11030
Tel: 516-869-7800 ♦ Fax: 516-869-7629
www.northhempsteadny.gov

CHANGE FORM

Please return this completed form as soon as possible so we can update our records.

Please confirm your property address and Tax Map Number below with your deed.

Property Address: _____
(Tax Map Number) Street City ZIP Code

[CA _____]
School District Section Block Lot Building Unit
For Condos Only

OWNER INFORMATION:

Owner Name(s) _____

Company Name (if applicable) _____

Address (if different than property address) _____ Apartment, Suite or Unit Number _____

City _____ State _____ ZIP Code _____

() _____ () _____ () _____
Telephone (Home) Cell Phone Telephone (Business) Extension

Email Address: _____ Sign Me Up For
☐ Email Tax Alerts

TAXES WILL BE PAID BY: ☐ Above Taxpayer ☐ Bank/Mortgage Company ☐ Third-Party

Name _____ Mortgage/Loan Number (If applicable) _____

Address (Where Tax Bills should be mailed) _____ Attention (If applicable) _____

City _____ State _____ ZIP Code _____

REASON FOR CHANGE: ☐ New Owner ☐ Mortgage Satisfied ☐ Refinanced

Other (specify) _____

Signature(s) _____ Date _____

For Office Use Only

CS Rep: _____ Date: ____/____/____
☐ Walk-in ☐ Mailed ☐ Faxed ☐ E-mailed ☐ Online

General Bill: ☐ Given ☐ Mailed ☐ Faxed ☐ N/A ☐ Scanned
School Bill: ☐ Given ☐ Mailed ☐ Faxed ☐ N/A
☐ E-mail Address Added

Notes: _____